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II

110TH CONGRESS
1ST SESSION

S. 1564

To amend the Social Security Act to provide health insurance coverage for children and pregnant and post-partum women throughout the United States by combining the children and pregnant women health coverage under Medicaid and SCHIP into a new All Healthy Children Program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 7, 2007

Mr. SANDERS introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend the Social Security Act to provide health insurance coverage for children and pregnant and post-partum women throughout the United States by combining the children and pregnant women health coverage under Medicaid and SCHIP into a new All Healthy Children Program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS; FINDINGS;**
4 **PURPOSE.**

5 (a) SHORT TITLE.—This Act may be cited as the “All
6 Healthy Children Act of 2007”.

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

Sec. 1. Short title; table of contents; findings; purpose.

Sec. 2. Creation of new title XXII of the Social Security Act.

“TITLE XXII—ALL HEALTHY CHILDREN PROGRAM

“Sec. 2201. All Healthy Children Program.

“Sec. 2202. General contents of State all healthy children plan; eligibility; enrollment.

“Sec. 2203. Benefits; premiums; cost-sharing; provider payment rates.

“Sec. 2204. Payments to States.

“Sec. 2205. Application of SCHIP, Medicaid, and related SSA provisions; waivers; administration.

“Sec. 2206. Definitions.

“Sec. 2207. Effective dates; transition.

Sec. 3. Commission on Children’s Health Coverage.

3 (c) FINDINGS.—Congress finds the following:

4 (1) More than 9,000,000 children in the United
 5 States—one in 9—have no health insurance cov-
 6 erage.

7 (2) Every 46 seconds, another baby is born un-
 8 insured in the United States.

9 (3) Existing health care programs for low-in-
 10 come children vary widely, with different standards
 11 for eligibility, cost sharing, and benefits in each of
 12 the 50 States and the District of Columbia.

13 (4) The majority of uninsured children are eli-
 14 gible for coverage under Medicaid or the State Chil-
 15 dren’s Health Insurance Program (SCHIP), but are
 16 not enrolled in existing programs because of dif-
 17 ferent eligibility and enrollment barriers that make
 18 it difficult to obtain or keep coverage.

1 (5) Millions more children are underinsured or
2 at risk of losing coverage if their parents change
3 jobs or more employers drop family coverage.

4 (6) Uninsured children are almost 12 times as
5 likely as insured children to have an untreated med-
6 ical need and are four times as likely as insured chil-
7 dren to have an unmet dental need.

8 (7) Uninsured children are more than 5 times
9 as likely as insured children to have gone more than
10 2 years without a doctor visit.

11 (8) The majority of uninsured children live in
12 two-parent households and almost 90 percent live in
13 families where at least 1 parent works.

14 (9) An estimated $\frac{2}{3}$ of children and adolescents
15 with mental health needs are not getting the care
16 they need and only 1 in 5 children with serious emo-
17 tional disturbances receives specialized treatment.

18 (10) It costs less to provide health insurance
19 coverage to children than to any other group of peo-
20 ple.

21 (11) Increases in private health insurance costs
22 are dramatically outpacing increases in wages.

23 (12) The United States spending on health care
24 per person is more than twice the average spent in
25 industrialized countries, yet the United States ranks

1 near the bottom among those countries in infant
2 mortality rates.

3 (13) Children enrolled in a health coverage pro-
4 gram experienced significant improvements in health
5 after just 1 year and significant decreases of limita-
6 tions in their daily activities.

7 (14) Enrollment in health insurance has been
8 associated with improvements in school.

9 (15) When juvenile offenders arrested for minor
10 offenses had access to intensive and coordinated
11 mental health services, more than a $\frac{1}{3}$ fewer were
12 re-arrested the following year, compared to those
13 who only had access to basic mental health services.

14 (d) PURPOSE.—It is the purpose of this Act to sim-
15 plify and consolidate children's health coverage under
16 Medicaid and SCHIP into a single program that guaran-
17 tees children in all 50 States and the District of Columbia
18 all medically necessary services.

19 **SEC. 2. CREATION OF NEW TITLE XXII OF THE SOCIAL SE-**
20 **CURITY ACT.**

21 (a) IN GENERAL.—The Social Security Act is amend-
22 ed by adding at the end the following new title:

1 **“TITLE XXII—ALL HEALTHY** 2 **CHILDREN PROGRAM**

3 **“SEC. 2201. ALL HEALTHY CHILDREN PROGRAM.**

4 “(a) IN GENERAL.—There is established under this
 5 title a State-operated program receiving Federal financial
 6 assistance to provide comprehensive health coverage for
 7 children and pregnant and post-partum women in place
 8 of benefits previously provided for children and pregnant
 9 and post-partum women under the Medicaid program
 10 under title XIX and the State Children’s Health Insurance
 11 Program under title XXI.

12 “(b) STATE ALL HEALTHY CHILDREN PLAN RE-
 13 QUIRED.—A State is not eligible for payment under sec-
 14 tion 2204 unless the State has submitted to the Secretary
 15 under section 2202 a plan that—

16 “(1) sets forth how the State intends to use the
 17 funds provided under this title to provide all healthy
 18 children assistance to uninsured children and preg-
 19 nant and post-partum women consistent with the
 20 provisions of this title, and

21 “(2) has been approved under section 2202.

22 “(c) STATE AND INDIVIDUAL ENTITLEMENT.—This
 23 title constitutes budget authority in advance of appropria-
 24 tions Acts and represents the obligation of the Federal
 25 Government to provide for the payment to States of

1 amounts provided under section 2204. Each individual
2 who is an all healthy children eligible individual and who
3 qualifies for benefits under this title has an entitlement
4 to such benefits in accordance with this title.

5 “(d) RULE OF CONSTRUCTION.—In construing the
6 meaning, scope, and enforceability of the legal entitlement
7 to assistance created by this title, it is the intent of Con-
8 gress that existing judicial and other precedents or con-
9 trolling law in effect on the date of enactment of this title
10 relating to the construction of the meaning, scope, and en-
11 forceability of the legal entitlement of children and other
12 individuals entitled to medical assistance under title XIX
13 shall apply to the construction of the meaning, scope, and
14 enforceability of the legal entitlement of individuals to all
15 healthy children assistance under this title.

16 “(e) PRIVATE RIGHT OF ACTION.—

17 “(1) IN GENERAL.—Any person aggrieved by a
18 violation of this title or a failure of an individual or
19 entity, including a State or Federal agency, to com-
20 ply with the provisions of this title, including any
21 regulation promulgated pursuant to this title, may
22 bring a civil action in any Federal district court, re-
23 gardless of amount in controversy, or State court of
24 competent jurisdiction to enforce such person’s
25 rights.

1 “(2) NO EXCLUSION OF OTHER REMEDIES.—

2 The availability of a private right of action under
3 this subsection shall not be construed to preclude
4 the ability of any person aggrieved to obtain relief
5 for a violation of this title or a failure of an indi-
6 vidual or entity to comply with the provision of this
7 title, or any regulations promulgated pursuant to
8 this title, under any other applicable statute or other
9 basis for relief.

10 “(3) RELIEF.—In an action under this sub-

11 section, the court may award all relief allowed by
12 law, including but not limited to compensatory and
13 exemplary damages and injunctive relief, and attor-
14 neys’ fees and court costs.

15 “(4) PERSON AGGRIEVED DEFINED.—In this

16 subsection, the term ‘person aggrieved’ includes a
17 child or individual entitled to benefits under this
18 title, the parent or guardian of such child, a provider
19 of services to children or other individuals entitled to
20 such benefits, or an association or other entity
21 whose mission is to ensure that children or pregnant
22 and post-partum women receive adequate health care
23 services.

24 “(f) EFFECTIVE DATE.—No State is eligible for pay-

25 ments under section 2204 for all healthy children assist-

1 ance for coverage provided for periods beginning before
2 October 1, 2008.

3 **“SEC. 2202. GENERAL CONTENTS OF STATE ALL HEALTHY**
4 **CHILDREN PLAN; ELIGIBILITY; ENROLLMENT.**

5 “(a) GENERAL CONTENTS.—A State all healthy chil-
6 dren plan shall include a description, consistent with the
7 requirements of this title, of—

8 “(1) the all healthy children assistance provided
9 under the plan for all healthy children eligible indi-
10 viduals, including the proposed methods of delivery
11 and utilization control systems;

12 “(2) eligibility standards consistent with sub-
13 section (b);

14 “(3) enrollment and outreach activities con-
15 sistent with subsection (c); and

16 “(4) methods (including monitoring) used—

17 “(A) to assure the quality and appropriate-
18 ness of care, particularly with respect to pre-
19 natal care, well-baby care, well-child care, and
20 immunizations provided under the plan, and

21 “(B) to assure access to all medically nec-
22 essary health care services, including emergency
23 services.

24 “(b) ELIGIBILITY STANDARDS AND METHOD-
25 OLOGY.—

“(1) IN GENERAL.—The all healthy children plan for a State shall provide that all of the following are all healthy children eligible individuals if they are residents:

“(A) FULL SUBSIDY INDIVIDUALS.—

“(i) All children under age 19 whose family income does not exceed 300 percent of the poverty line (as defined in section 2110(c)(5)).

“(ii) All pregnant and post-partum women whose family income does not exceed 300 percent of the poverty line.

“(iii) All children under age 19 and pregnant and post-partum women who would have qualified for medical assistance under title XIX (as applied in the State as of October 1, 2005).

“(iv) All children who meet the requirements of subparagraphs (A) and (B) of section 1905(w)(1) (relating to independent foster care adolescents).

“(B) TRANSITIONAL ASSISTANCE.—An individual who loses eligibility as an individual described in subparagraph (A) because of an increase in family income, but only during the 3-

1 month period beginning with the first month in
2 which such eligibility is lost. Cost-sharing for
3 transition coverage may not exceed the amounts
4 the State plan charged for such individual be-
5 fore receiving transitional assistance.

6 “(C) BUY-IN ELIGIBLE INDIVIDUALS.—In-
7 dividuals who, but for the amount of family in-
8 come, would be an individual described in sub-
9 paragraph (A) and who are not described in
10 subparagraph (B) if they meet such terms and
11 conditions as the Secretary determines appro-
12 priate.

13 “(2) RESIDENCY REQUIREMENT.—For purposes
14 of this title, an individual is a resident of a State if
15 the individual is present in the State with intent to
16 remain, and includes any individual who would be
17 treated as such a resident under title XIX (as in ef-
18 fect as of January 1, 2007).

19 “(3) POST-PARTUM WOMAN DEFINED.—In this
20 title, the term ‘post-partum woman’ means a woman
21 during the period beginning on the date of comple-
22 tion of pregnancy and ending on the last day of the
23 first month that ends at least 60 days after such
24 date.

1 “(4) INCOME METHODOLOGY.—The method-
2 ology for determining income under a State all
3 healthy children plan shall not be more restrictive
4 than the income methodology described in section
5 1931(b)(1)(B), to the extent such methodology is
6 consistent with the requirements of section
7 1902(a)(17).

8 “(5) NO ASSET TEST.—The State plan may not
9 impose any asset or resource test for eligibility.

10 “(6) CONSTRUCTION.—Nothing in this title
11 shall be construed as preventing a State from cov-
12 ering individuals (such as individuals who are 19 or
13 20 years of age) who are not all healthy children eli-
14 gible individuals under title XIX.

15 “(7) EXCLUSION OF PUBLIC BENEFIT DEFINI-
16 TION.—The benefits provided under this title shall
17 not be deemed to constitute a Federal or State pub-
18 lic benefit within the meaning of title IV of the Per-
19 sonal Responsibility and Work Opportunity Rec-
20 onciliation Act of 1996 (Public Law 104–193) nor
21 shall any documentation of citizenship be required
22 for the purpose of securing benefits under this title.

23 “(8) SPECIAL RULES FOR TERRITORIES.—In
24 the case of States that are not one of the 50 states
25 or the District of Columbia, the Secretary may, by

1 regulation, adjust the income eligibility levels set
2 forth in this title, taking into account factors such
3 as average income, costs of living, and availability of
4 health care coverage in a manner that assures equi-
5 table access to health coverage for children and
6 pregnant and post-partum women residing in such
7 States.

8 “(c) ENROLLMENT.—

9 “(1) STREAMLINED ENROLLMENT SYSTEM.—
10 Each State plan shall provide for a system of
11 streamlined enrollment that includes the following
12 (as specified by the Secretary):

13 “(A) A simple, short application form
14 translated into multiple languages.

15 “(B) Applicant self-attestation of eligi-
16 bility, subject to verification, random audits, or
17 both.

18 “(C) The option for applications to be sub-
19 mitted in-person, on-line, by mail, or as part of
20 applications for other programs.

21 “(D) Automatic enrollment, as provided
22 under paragraph (2).

23 “(E) 12-month continuous eligibility for
24 children.

1 “(F) Presumptive eligibility during an in-
2 terim period of coverage for individuals who ap-
3 pear to qualify for assistance under this title,
4 on the basis of preliminary information.

5 “(G) A determination of continued eligi-
6 bility at the end of an individual’s eligibility pe-
7 riod, based on all data available to the State. If
8 such determination cannot be made, the indi-
9 vidual or family shall be contacted for addi-
10 tional information, but only to the extent such
11 information is not available to State officials
12 from other sources. The family shall be notified
13 of all determinations and findings and given an
14 opportunity to contest and appeal them. An in-
15 dividual’s eligibility shall continue until the re-
16 determination process is complete.

17 “(2) AUTOMATIC ENROLLMENT PROCEDURES.—

18 “(A) IN GENERAL.—The automatic enroll-
19 ment procedures under this paragraph shall in-
20 clude enrollment of any all healthy children eli-
21 gible individual at the following points, unless
22 the individual (or parent or guardian on the in-
23 dividual’s behalf) affirmatively declines such en-
24 rollment:

1 “(i) Unless the individual otherwise
2 establishes enrollment in health benefits
3 plan or coverage, at the point of a final de-
4 termination—

5 “(I) of individual’s eligibility to
6 participate in any federally-funded,
7 means-tested program, regardless of
8 any differences between the program’s
9 eligibility or income methodology and
10 those otherwise used under this title,
11 or

12 “(II) that, based on the income
13 determinations made as part of such
14 eligibility determination, the indi-
15 vidual is eligible to participate under
16 this title.

17 “(ii) Birth of a child in the United
18 States.

19 “(iii) Assignment of a social security
20 account number for a child.

21 “(iv) A visit with any health care pro-
22 vider eligible to participate in the program
23 established under this title.

24 “(v) Enrollment in any public elemen-
25 tary or secondary school within the State

1 or any other elementary or secondary
2 school subject to mandatory immunization
3 requirements.

4 “(vi) Enrollment in a publicly-sub-
5 sidized child care program.

6 “(vii) Upon discharge of a child from
7 a public institution or other institution
8 where the child has been confined.

9 “(viii) Such other points of enrollment
10 as the State or Secretary may establish.

11 For purposes of this subparagraph, the term
12 ‘federally-funded, means-tested program’ in-
13 cludes the National School Lunch Program
14 under the Richard B. Russell National School
15 Lunch Act (42 U.S.C. 1751 et seq.), the Food
16 Stamp Program under the Food Stamp Act of
17 1977, the special supplemental nutrition pro-
18 gram for women, infants, and children (WIC)
19 under section 17 of the Child Nutrition Act of
20 1966 (42 U.S.C. 1786), subsidized child care
21 under the Child Care Development Block Grant
22 Act of 1990 (42 U.S.C. 9858 et seq.), programs
23 carried out under the Head Start Act (42
24 U.S.C. 9831 et seq.), and other means-tested
25 programs designated by the Secretary.

1 “(B) OPERATION OF AUTOMATIC ENROLL-
2 MENT.—

3 “(i) IN GENERAL.—In the case of
4 automatic enrollment under subparagraph
5 (A)—

6 “(I) the enrolled individual (or
7 parents or guardians of such indi-
8 vidual) shall be advised of the level of
9 premiums and cost-sharing applicable
10 consistent with section 2203 and the
11 fact that enrollment is conditioned
12 upon payment of any applicable pre-
13 miums; and

14 “(II) the failure to pay any ini-
15 tial applicable premiums shall be
16 treated as an affirmative rejection of
17 coverage.

18 “(ii) NOTICE.—The State plan shall
19 implement effective procedures, consistent
20 with the Secretary’s guidelines, for ensur-
21 ing that—

22 “(I) auto-enrolled individuals (or
23 their parents or guardians) under-
24 stand their right to decline the cov-

1 erage made available through auto-en-
2 rollment; and

3 “(II) after enrollment, they re-
4 ceive confirmation of coverage and in-
5 formation on benefits.

6 “(iii) EQUAL TREATMENT.—A State
7 plan shall implement effective procedures
8 to ensure that individuals covered through
9 auto-enrollment do not receive fewer serv-
10 ices, on average, than do similar individ-
11 uals enrolled through other means.

12 “(iv) INFORMATION SHARING.—Each
13 State shall develop the information tech-
14 nology infrastructure needed for automated
15 transmission and analysis of data involving
16 means-tested programs referred to in sub-
17 paragraph (A) and other sources of data
18 pertinent to eligibility under this title, in-
19 cluding State and Federal income tax
20 records and information contained in the
21 National Directory of New Hires. Con-
22 sistent with standards developed by the
23 Secretary, the State shall implement effec-
24 tive safeguards that protect the confiden-
25 tiality of such data and limit its use to the

1 effective administration of this title, includ-
2 ing an identification of potentially eligible
3 individuals not enrolled in the State plan
4 as well as eligibility verification.

5 “(3) OUTREACH.—Each State plan shall pro-
6 vide for a system for culturally and linguistically
7 competent outreach to families of potentially eligible
8 individuals, which shall—

9 “(A) be fully accessible to those whose
10 ability to communicate is affected by disability;
11 and

12 “(B) incorporate proactive communication
13 (via telephone or in-person visits) to such fami-
14 lies, consumer education, a preliminary or final
15 eligibility determination, and enrollment com-
16 pleted within a single encounter, whenever pos-
17 sible, and proactive follow-up, when necessary.

18 “(d) AVOIDING CROWD-OUT AND COORDINATION
19 WITH OTHER HEALTH COVERAGE PROGRAMS.—

20 “(1) IN GENERAL.—The State plan shall in-
21 clude a description of procedures, consistent with
22 this subsection, to be used to ensure—

23 “(A) that benefits provided under the
24 State all healthy children plan do not substitute
25 for coverage under group health plans;

1 “(B) the provision of all healthy children
2 assistance to all healthy children eligible indi-
3 viduals in the State who are Indians (as defined
4 in section 4(c) of the Indian Health Care Im-
5 provement Act, 25 U.S.C. 1603(c)); and

6 “(C) coordination with other public and
7 private programs providing creditable coverage
8 for low-income children and pregnant and post-
9 partum women.

10 “(2) GROUP HEALTH PLAN COVERAGE PER-
11 MITTED.—Notwithstanding paragraph (1)(A), a
12 State plan may not deny enrollment under this title
13 in the case of any of the following individuals or cir-
14 cumstances:

15 “(A) The individual would have qualified
16 for medical assistance under title XIX under
17 State law as in effect on October 1, 2005.

18 “(B) The individual has family income that
19 does not exceed 150 percent of the poverty line.

20 “(C) The individual’s enrollment under a
21 group health plan—

22 “(i) ended more than four months be-
23 fore applying for enrollment under this
24 title; or

1 “(ii) was involuntarily terminated be-
2 cause of the death of a parent, job loss, or
3 other circumstance.

4 “(D) Other than for the subsidies de-
5 scribed in section 2203(b)(2)(B) (in the case of
6 all healthy children eligible individuals with
7 family income that exceeds 300 percent of the
8 poverty line), the failure of a parent or other in-
9 dividual (other than the enrollee) to enroll the
10 all healthy children eligible individual in an
11 available group health plan.

12 “(3) SUPPLEMENTAL COVERAGE.—

13 “(A) IN GENERAL.—In the case of an all
14 healthy children eligible individual who is en-
15 rolled in a group health plan, the State plan—

16 “(i) must provide full supplemental
17 coverage (described in subparagraph (B))
18 if—

19 “(I) the individual would have
20 qualified for supplemental coverage
21 under title XIX under State law as in
22 effect on October 1, 2005; or

23 “(II) the individual is disabled
24 (as defined for purposes of the supple-

1 mental security income program
2 under title XVI); and

3 “(ii) may provide some or all of such
4 coverage to other all healthy children eligi-
5 ble individuals (or to reasonable classifica-
6 tions of such individuals, as specified
7 under the State plan).

8 “(B) FULL SUPPLEMENTAL COVERAGE DE-
9 SCRIBED.—Full supplemental coverage de-
10 scribed in this subparagraph includes the fol-
11 lowing:

12 “(i) Benefits covered by the State
13 plan that are outside the scope of benefits
14 offered under the group health plan.

15 “(ii) Reimbursement of families’ pre-
16 mium payments under the group health
17 plan for all healthy children eligible indi-
18 viduals so that costs do not exceed levels
19 otherwise permitted by the State plan.

20 “(iii) Coverage of out-of-pocket costs
21 incurred under the group health plan
22 where such coverage prevents those costs
23 from exceeding the levels otherwise per-
24 mitted under the State plan.

1 “(e) ASSISTANCE FOR CHILDREN WHO AGE OUT OF
2 ASSISTANCE.—The State plan shall provide assistance in
3 obtaining health benefits to individuals who lose eligibility
4 under this title because of age.

5 “(f) EMERGENCY COVERAGE.—When an all healthy
6 children eligible individual enrolled in a State plan in one
7 State moves to another State because of natural disaster
8 or other reasons, the individual shall receive immediate
9 and automatic presumptive eligibility under this title in
10 the State to which the individual moves.

11 **“SEC. 2203. BENEFITS; PREMIUMS; COST-SHARING; PRO-**
12 **VIDER PAYMENT RATES.**

13 “(a) BENEFITS.—

14 “(1) IN GENERAL.—The all healthy children as-
15 sistance under this title shall include benefits for all
16 medically necessary health care, including early and
17 periodic screening, diagnostic, and treatment serv-
18 ices (as defined in section 1905(r)) consistent with
19 the requirements of section 1902(a)(43).

20 “(2) BENEFIT PROTECTIONS.—The State plan
21 shall provide for all benefit protections for all
22 healthy children eligible individuals that would oth-
23 erwise have applied under title XIX if such individ-
24 uals were entitled to medical assistance under such

1 title, including the application of no preexisting ex-
2 clusion.

3 “(b) PREMIUMS.—Subject to subsection (d)—

4 “(1) NO PREMIUM FOR LOWER-INCOME INDIVIDUALS.—For all healthy children eligible individuals described in subparagraph (A) or (B) of section
5 2202(b)(1), there shall be no premium imposed for
6 coverage under this title.
7

8 “(2) REQUIRED PREMIUMS FOR BUY-IN ELIGIBLE INDIVIDUALS.—

9 “(A) IN GENERAL.—Except as provided in
10 this paragraph, in the case of all healthy children eligible individuals described in section
11 2202(b)(1)(C), the premium for coverage under
12 this title shall be the applicable percentage
13 specified in subparagraph (D) of such premium
14 (as estimated under a methodology specified by
15 the Secretary) as is equal to the full average
16 per capita cost of benefits for all healthy children eligible individuals under the State all
17 healthy children plan.
18

19 “(B) AGGREGATE LIMIT.—

20 “(i) IN GENERAL.—Subject to clause
21 (ii), in no case shall the premium for coverage under this title exceed (taking into
22
23
24
25

1 account any private coverage in which the
 2 all healthy children eligible individual is
 3 enrolled as well as supplemental coverage
 4 purchased under this title)—

5 “(I) 5 percent of the family in-
 6 come; or

7 “(II) in the case of multiple eligi-
 8 ble individuals within the same family,
 9 10 percent of family income.

10 “(ii) LIMITATION.—Clause (i) shall
 11 not apply for an all healthy children eligi-
 12 ble individual in a family if—

13 “(I) the individual could be cov-
 14 ered under a group health plan for
 15 which the employer (or other plan
 16 sponsor) provides for payment of at
 17 least 50 percent of the premium for
 18 coverage of such individual; and

19 “(II) the individual is not so cov-
 20 ered because of a rejection of such
 21 coverage option.

22 “(C) OPTIONAL SUBSIDIES.—A State plan
 23 may reduce premiums otherwise imposed for
 24 reasonable classifications of all healthy children
 25 eligible individuals described in section

1 2202(b)(1)(C). Such classifications may in-
2 clude—

3 “(i) all healthy children eligible indi-
4 viduals with family income within specific
5 income ranges;

6 “(ii) all healthy children eligible indi-
7 viduals with special health care needs; and

8 “(iii) all healthy children eligible indi-
9 viduals who could have qualified for med-
10 ical assistance under an optional eligibility
11 category under title XIX (as in effect as of
12 January 1, 2007).

13 “(D) APPLICABLE PERCENTAGE SPECI-
14 FIED.—For purposes of subparagraph (A)(i),
15 with respect to all healthy children eligible indi-
16 viduals described in section 2202(b)(1)(C), the
17 applicable percentage specified in this subpara-
18 graph is as follows:

19 “(i) In the case of such all healthy
20 children eligible individuals whose income
21 exceeds 300, but does not exceed 320 per-
22 cent of the poverty line, 25 percent.

23 “(ii) In the case of such all healthy
24 children eligible individuals whose income

1 exceeds 320, but does not exceed 340 per-
2 cent of the poverty line, 35 percent.

3 “(iii) In the case of such all healthy
4 children eligible individuals whose income
5 exceeds 340, but does not exceed 360 per-
6 cent of the poverty line, 45 percent.

7 “(iv) In the case of such all healthy
8 children eligible individuals whose income
9 exceeds 360, but does not exceed 380 per-
10 cent of the poverty line, 55 percent.

11 “(v) In the case of such all healthy
12 children eligible individuals whose income
13 exceeds 380, but does not exceed 400 per-
14 cent of the poverty line, 65 percent.

15 “(vi) In the case of such all healthy
16 children eligible individuals whose income
17 exceeds 400, but does not exceed 425 per-
18 cent of the poverty line, 80 percent.

19 “(vii) In the case of such all healthy
20 children eligible individuals whose income
21 exceeds 425, but does not exceed 450 per-
22 cent of the poverty line, 90 percent.

23 “(viii) In the case of such all healthy
24 children eligible individuals whose income

1 exceeds 450 percent of the poverty line,
2 100 percent.

3 “(3) PREMIUM PAYMENTS.—

4 “(A) IN GENERAL.—The State all healthy
5 children plan shall provide effective measures,
6 consistent with standards established by the
7 Secretary, to make premium payment simple
8 and convenient to parents (or other payers) and
9 to preserve continuity of coverage. Such meas-
10 ures shall include—

11 “(i) discounts to encourage the pay-
12 ment of quarterly or annual premiums in
13 advance;

14 “(ii) options to make premium pay-
15 ments automatically by credit card, debit
16 account payments, electronic fund trans-
17 fers, payroll withholding, or otherwise; and

18 “(iii) payment opportunities at mul-
19 tiple, convenient community locations.

20 “(B) PROMOTING CONTINUITY OF COV-
21 ERAGE.—In the case of all healthy children eli-
22 gible individuals for whom premium payments
23 are required under the State plan, the plan
24 shall have effective procedures to prevent pre-
25 mium non-payment from interrupting con-

1 tinuity of coverage. If there is a default on pre-
2 mium payments, the State plan shall provide
3 reasonable opportunities to cure such default,
4 including at least a 60-day period, following no-
5 tice of default, during which overdue premium
6 payments may be made without interrupting
7 coverage or incurring interest charges, late fees,
8 or other costs.

9 “(c) COST-SHARING.—

10 “(1) LIMITATIONS.—Subject to subsection (d),
11 for all healthy children eligible individuals with a
12 family income that—

13 “(A) does not exceed 200 percent of the
14 poverty line, there shall be no out-of-pocket
15 cost-sharing imposed;

16 “(B) does exceed 200 percent, but does not
17 exceed 300 percent, of the poverty line, only
18 nominal out-of-pocket cost-sharing may be im-
19 posed; or

20 “(C) exceeds 300 percent of the poverty
21 line, out-of-pocket cost-sharing charged may not
22 exceed levels the Secretary finds to be con-
23 sistent with charges under employer-based
24 health insurance for the majority of employees
25 enrolled in such coverage nationally.

In no case shall an all healthy children eligible individual described in subparagraph (A) or (B) of section 2202(b)(1) be denied services under this title because of failure to pay out-of-pocket cost-sharing.

“(2) WAIVER.—A state may elect to waive or reduce out-of-pocket cost-sharing otherwise authorized under this subsection.

“(d) LIMITATIONS ON OUT-OF-POCKET COSTS.—

“(1) CURRENT MEDICAID.—For each all healthy children eligible individual, premiums and out-of-pocket cost-sharing may not exceed the levels that would have been charged for that individual under State Medicaid and SCHIP law as of October 1, 2005, updated in a manner specified by the Secretary based on changes, after that date, to average earnings among families with incomes that do not exceed 200 percent of the poverty line.

“(2) AFFORDABILITY.—The State plan shall provide effective measures, consistent with standards established by the Secretary, to further limit out-of-pocket cost-sharing (taking into account all premiums and cost-sharing) of all healthy children eligible individuals to affordable levels, for all individual health care services and total family costs. Such measures may include coding of each individual’s en-

1 rollment card. Such measures may not include a re-
2 quirement that households track incurred costs.

3 “(e) CHOICE OF PLANS.—To the extent feasible, a
4 State plan must provide, insofar as the plan provides for
5 benefits through enrollment in specific health benefits
6 plans, for each enrollee to have a choice of at least two
7 health plan options, consistent with the requirements of
8 section 1932.

9 “(f) REIMBURSEMENT RATES.—The State shall es-
10 tablish under the State plan, in consultation with appro-
11 priate child health providers and experts—

12 “(1) payment rates for providers that are—

13 “(A) not less than 80 percent of the aver-
14 age of payment rates for similar services for
15 providers under private health insurance plans
16 within that State; and

17 “(B) sufficient in amount to ensure that
18 enrolled all healthy children eligible individuals
19 have adequate access to all services covered
20 under this title; and

21 “(2) payments rates to capitated plans that are
22 actuarially sound, based on comprehensive encounter
23 data.

1 **“SEC. 2204. PAYMENTS TO STATES.**

2 “(a) PAYMENT.—Subject to the succeeding provisions
3 of this section, the Secretary shall pay to each State with
4 a plan approved under this title, an amount for each quar-
5 ter equal to the Federal all healthy children matching rate
6 for the State (as determined under subsection (b)) of the
7 total expenditures under the plan for the quarter, except
8 that the matching rate for the development and operation
9 of information technology shall be the same as the Federal
10 matching percentage in effect for such technology under
11 subparagraphs (A) and (B) of section 1903(a)(3).

12 “(b) COMPUTATION OF FEDERAL ALL HEALTHY
13 CHILDREN MATCHING RATE.—

14 “(1) IN GENERAL.—Subject to paragraph (3),
15 the Federal all healthy children matching rate under
16 this subsection for a State for a calendar quarter in
17 a fiscal year is equal to the ratio of—

18 “(A) the total expenditures under the
19 State plan under this title for the quarter that
20 are attributable to required populations and
21 services, less the State share of basic expendi-
22 tures described in paragraph (2), to

23 “(B) the total expenditures referred to in
24 subparagraph (A).

25 “(2) STATE SHARE FOR BASIC EXPENDI-
26 TURES.—

1 “(A) IN GENERAL.—The State share of ex-
2 penditures attributable to required populations
3 and services under this title for a quarter in a
4 fiscal year is equal to $\frac{1}{4}$ of the product of the
5 following:

6 “(i) BASE AMOUNT.—The base FY
7 2006 amount (specified in subparagraph
8 (B) for the State).

9 “(ii) CHILD INCREASE FACTOR.—One
10 plus the percentage increase in the number
11 of children residing in the State, as esti-
12 mated by the Secretary, from fiscal year
13 2006 to the fiscal year involved.

14 “(iii) COST INCREASE FACTOR.—One
15 plus the percentage increase in the medical
16 care component of the consumer price
17 index for all urban consumers (U.S. city
18 average), as estimated by the Secretary,
19 from fiscal year 2006 to the fiscal year in-
20 volved.

21 “(B) BASE FY 2006 AMOUNT.—For pur-
22 poses of this paragraph, the ‘base FY 2006
23 amount’ for a State is equal to the sum of—

24 “(i) the total amount of expenditures
25 made by the State during calendar quar-

ters in fiscal year 2006 under title XIX (including under any waiver under section 1115) that are attributable to coverage of individuals who meet the requirement to be all healthy children eligible individuals, including an appropriate portion of administrative expenses, reduced by the amount of Federal financial participation provided with respect to such expenditures; and

“(ii) the total amount of expenditures made by the State during calendar quarters in fiscal year 2006 under title XXI (including under any waiver under section 1115), reduced by the amount of payment received by the State under such title for such quarters.

“(3) COUNTER-CYCLICAL REDUCTION.—The Secretary shall establish a formula for providing, in addition to the base Federal matching amounts, automatic supplemental assistance to States that experience a sustained economic downturn, based upon State’s quarterly unemployment rate exceeding the State’s average of such rates during a period of previous calendar quarters (in such number as the Secretary shall specify) and by a percentage to be deter-

1 mined by the Secretary and in an amount calculated
2 on the basis of the relationship between changes in
3 unemployment and anticipated increases in providing
4 services under this title. The supplemental assistance
5 shall be distributed quarterly through a supplement
6 to the State's Federal payment and shall be for such
7 duration as the Secretary determines appropriate.

8 “(c) BONUS FOR MEETING ENROLLMENT TAR-
9 GETS.—The Secretary is authorized to establish a system
10 for providing additional bonus payments for States that
11 meet or exceed enrollment targets established for each
12 State by the Secretary, taking into account the cir-
13 cumstances in each State.

14 “(d) ADVANCE PAYMENT; RETROSPECTIVE ADJUST-
15 MENT.—The Secretary may make payments under this
16 section for each quarter on the basis of advance estimates
17 of expenditures submitted by the State and such other in-
18 vestigation as the Secretary may find necessary, and may
19 reduce or increase the payments as necessary to adjust
20 for any overpayment or underpayment for prior quarters.

21 “(e) TREATMENT OF TERRITORIES.—In the case of
22 States that are not one of the 50 States or the District
23 of Columbia, the Secretary shall by regulation establish
24 an equitable formula for allocating funds to provide serv-

ices to all healthy children eligible individuals residing in such States.

“SEC. 2205. APPLICATION OF SCHIP, MEDICAID, AND RELATED SSA PROVISIONS; WAIVERS; ADMINISTRATION.

“(a) SCHIP PROVISIONS RELATING TO PLAN SUBMISSION, STRATEGIC OBJECTIVES AND PERFORMANCE GOALS, AND AUDITS.—Except to the extent inconsistent with the provisions of this title, sections 2106, 2107, and 2108(d) shall apply with respect to State plans under this title in the same manner as they applied with respect to State plans under title XXI.

“(b) MEDICAID PROVISIONS.—Except to the extent inconsistent with the provisions of this title, the provisions of title XIX (and the provisions of title XI, including section 1115, insofar as they are applicable to title XIX) shall apply to activities under this title.

“(c) LIMITATION ON WAIVERS.—No waiver shall be granted under section 1115 with respect to this title if it is likely to result in—

“(1) an increase in health care or health premium costs for all healthy children eligible individuals under this title; or

1 “(2) a reduction in benefits, eligibility, guaran-
 2 teed eligibility, health care access, or health care
 3 quality for such individuals under this title.

4 “(d) ANNUAL REPORTS.—The Secretary shall
 5 present annual reports to Congress describing implemen-
 6 tation of this title. Such reports shall include a description
 7 of—

8 “(1) optional coverage chosen by States; and

9 “(2) for each category of coverage and method
 10 of enrollment, nationwide and State-specific data
 11 showing the number and characteristics of all
 12 healthy children eligible individuals receiving cov-
 13 erage, services provided, categories and amounts of
 14 expenditures.

15 **“SEC. 2206. DEFINITIONS.**

16 “(a) IN GENERAL.—For purposes of this title:

17 “(1) ALL HEALTHY CHILDREN ELIGIBLE INDI-
 18 VIDUAL.—The term ‘all healthy children eligible in-
 19 dividual’ means individuals described in section
 20 2202(b)(1).

21 “(2) ALL HEALTHY CHILDREN ASSISTANCE.—
 22 The term ‘all healthy children assistance’ means
 23 payment under this title for part or all of the cost
 24 of health benefits coverage for all healthy children
 25 eligible individual.

“(3) CHILD, GROUP HEALTH PLAN, AND POVERTY LINE.—The terms ‘child’, ‘group health plan’, and ‘poverty line’ have the meanings given such terms in section 2110(c).

“(4) STATE ALL HEALTHY CHILDREN PLAN; STATE PLAN.—The terms ‘State all healthy children plan’ and ‘State plan’ mean such a plan as approved under this title.

“(5) STATE.—The term ‘State’ has the meaning given such term for purposes of titles XIX and XXI.

“SEC. 2207. EFFECTIVE DATES; TRANSITION.

“(a) EFFECTIVE DATE.—Benefits and payments to States shall first be available under this title for items and services furnished on or after October 1, 2008 (in this section referred to as the ‘All Healthy Children Program effective date’).

“(b) TRANSITION PROVISIONS.—

“(1) IN GENERAL.—Any child under 19 years of age, any pregnant or post-partum woman, or any independent foster care adolescent (as defined in section 1905(w)(1)) who, as of the day before the All Healthy Children Program effective date, is enrolled under title XIX or XXI shall, as of such effective date, automatically qualify for and be enrolled

1 in the State plan under this title, with the benefits
2 based on the family income of the individual as most
3 recently determined for purposes of the title under
4 which the individual was enrolled.

5 “(2) TREATMENT OF SCHIP ADULTS.—In the
6 case of an individual not described in paragraph (1)
7 who, as of the day before the All Healthy Children
8 Program effective date, was enrolled under title XXI
9 through a program waiver, during the remainder of
10 such program waiver period, so long as the indi-
11 vidual continues to meet the conditions for eligibility
12 under such program waiver, shall be eligible for
13 medical assistance under the State plan under title
14 XIX and, with respect to medical assistance to such
15 individuals, the enhanced FMAP under title XXI
16 shall be substituted for the Federal medical assist-
17 ance percentage (FMAP) for purposes of section
18 1903(a)(1).

19 “(3) GUIDANCE.—The Secretary shall provide
20 guidance and assistance to the States in carrying
21 out this section.

22 “(c) MEDICAID; SCHIP TRANSITION.—Notwith-
23 standing any other provision of law, as of the All Healthy
24 Children Program effective date, any all healthy children
25 eligible individual shall not be eligible for medical assist-

1 ance under title XIX or child health assistance under title
2 XXI and no Federal financial participation shall be avail-
3 able under either such title with respect to such individ-
4 uals.”.

5 **SEC. 3. COMMISSION ON CHILDREN’S HEALTH COVERAGE.**

6 (a) ESTABLISHMENT.—There is hereby established a
7 Commission on Children’s Health Coverage (in this sec-
8 tion referred to as the “Commission”).

9 (b) COMPOSITION.—

10 (1) IN GENERAL.—The Commission shall be
11 composed of the following:

12 (A) Four members one each appointed by
13 the majority and minority leaders of the House
14 of Representatives and the majority and minor-
15 ity leaders of the Senate.

16 (B) One member appointed by the Sec-
17 retary of Health and Human Services.

18 (C) Two members one each appointed by
19 the American Academy of Pediatrics and by the
20 Institute of Medicine of the National Academies
21 of Science.

22 (D) One member appointed by the Sec-
23 retary of Health and Human Services who is a
24 representative of parents of children with spe-
25 cial health care needs.

1 (E) One member appointed by the Sec-
2 retary of Health and Human Services who is a
3 representative of a children's advocacy group.

4 (F) Two non-voting advisory members ap-
5 pointed by the National Governors Association.
6 Appointment of members of the Commission shall
7 first be made not later than 60 days after the date
8 of the enactment of this Act.

9 (2) TERMS.—The term of each member of the
10 Commission shall be for 2 years. A vacancy shall be
11 filled in the same manner as the original appoint-
12 ment but the member so appointed shall serve for
13 the remainder of the term of the vacating member.

14 (3) COMPENSATION.—Members of the Commis-
15 sion who are not Federal officers or employees shall
16 be entitled to compensation, including travel time, at
17 a per diem rate equivalent of rate for level IV of Ex-
18 ecutive Schedule under section 5315 of title 5,
19 United States Code, and for travel expense reim-
20 bursement, at rates authorized for employees of
21 agencies under such title.

22 (4) CHAIR.—The Secretary shall designate a
23 member to serve as Chair of the Commission.

24 (5) MEETINGS.—The Commission shall meet at
25 the call of the Chair.

1 (6) USE OF COMMITTEES.—The Commission
2 may establish committees if necessary to carry out
3 its duties.

4 (c) SUPERMAJORITY REQUIREMENT FOR ACTIONS.—
5 Commission actions must be approved by at least six of
6 the members described in subparagraphs (A) through (E)
7 of subsection (b)(1).

8 (d) ADMINISTRATION.—

9 (1) POWERS.—

10 (A) HEARINGS.—The Commission may
11 hold such hearings, sit and act at such times
12 and places, take such testimony, and receive
13 such evidence as the Commission considers ad-
14 visable to carry out this section.

15 (B) INFORMATION FROM FEDERAL AGEN-
16 CIES.—The Commission may secure directly
17 from any Federal department or agency such
18 information as the Commission considers nec-
19 essary to carry out this section. Upon request
20 of the Chairperson of the Commission, the head
21 of such department or agency shall furnish such
22 information to the Commission.

23 (C) POSTAL SERVICES.—The Commission
24 may use the United States mails in the same
25 manner and under the same conditions as other

1 departments and agencies of the Federal Gov-
2 ernment.

3 (D) GIFTS.—The Commission may accept,
4 use, and dispose of gifts or donations of serv-
5 ices or property.

6 (2) COMPENSATION.—While serving on the
7 business of the Commission (including travel time),
8 a member of the Commission who is not a Federal
9 officer or employee shall be entitled to compensation
10 at the per diem equivalent of the rate provided for
11 level IV of the Executive Schedule under section
12 5315 of title 5, United States Code, and while so
13 serving away from home and the member's regular
14 place of business, any member may be allowed travel
15 expenses, as authorized by the chairperson of the
16 Commission. All members of the Commission who
17 are officers or employees of the United States shall
18 serve without compensation in addition to that re-
19 ceived for their services as officers or employees of
20 the United States.

21 (3) STAFF.—

22 (A) IN GENERAL.—The Chair of the Com-
23 mission may, without regard to the civil service
24 laws and regulations, appoint and terminate an
25 executive director and such other additional

1 personnel as may be necessary to enable the
2 Commission to perform its duties. The employ-
3 ment of an executive director shall be subject to
4 confirmation by the Commission.

5 (B) STAFF COMPENSATION.—The Chair of
6 the Commission may fix the compensation of
7 the executive director and other personnel with-
8 out regard to chapter 51 and subchapter III of
9 chapter 53 of title 5, United States Code, relat-
10 ing to classification of positions and General
11 Schedule pay rates, except that the rate of pay
12 for the executive director and other personnel
13 may not exceed the rate payable for level V of
14 the Executive Schedule under section 5316 of
15 such title.

16 (C) DETAIL OF GOVERNMENT EMPLOY-
17 EES.—Any Federal Government employee may
18 be detailed to the Commission without reim-
19 bursement, and such detail shall be without
20 interruption or loss of civil service status or
21 privilege.

22 (D) PROCUREMENT OF TEMPORARY AND
23 INTERMITTENT SERVICES.—The Chair of the
24 Commission may procure temporary and inter-
25 mittent services under section 3109(b) of title

1 5, United States Code, at rates for individuals
2 which do not exceed the daily equivalent of the
3 annual rate of basic pay prescribed for level V
4 of the Executive Schedule under section 5316
5 of such title.

6 (e) REIMBURSEMENT OF COSTS.—The Secretary
7 shall provide, from general operating funds of the Depart-
8 ment of Health and Human Services, the Commission
9 with such funds and support as may be necessary to sup-
10 port its activities.

11 (f) ANNUAL REPORTS.—Beginning one year after the
12 All Healthy Children Program effective date, the Commis-
13 sion shall transmit to Congress an annual report that eval-
14 uates the status of children's health coverage in the
15 United States, including an evaluation of the implementa-
16 tion of title XXII of the Social Security Act and rec-
17 ommendations for policy improvements at the State and
18 national levels and in the private sector to improve such
19 coverage. Each such report shall include an evaluation of
20 the improvements in the quality of children's health by
21 assessing outcome measures achieved by providers of care,
22 especially at Federally-qualified health centers (as defined
23 in section 1905(l)(2)(B) of the Social Security Act (42
24 U.S.C. 1396d(l)(2)(B)).

1 (g) SUBMISSION OF LEGISLATIVE PROPOSAL FOR
2 UNIVERSAL COVERAGE OF CHILDREN.—Not later than
3 three years after the date of the enactment of this Act,
4 the Commission shall submit to Congress a report that
5 contains a legislative proposal that would assure health
6 benefits coverage for all children in the United States.
7 Such proposal may include a requirement that parents ob-
8 tain coverage for their children or that employers fund
9 coverage for children of their workers. The proposal shall
10 provide for the following:

11 (1) Coverage shall include all medically nec-
12 essary care for all children.

13 (2) Enrollment shall be simple and seamless.

14 (3) Unnecessary costs shall be avoided.

15 (4) Quality, access and continuity of care shall
16 be promoted.

17 (h) EXPEDITED CONGRESSIONAL CONSIDERATION
18 OF LEGISLATIVE PROPOSAL.—

19 (1) BILL INTRODUCTION.—

20 (A) IN GENERAL.—Any legislative proposal
21 described in subsection (f) may be introduced
22 as a bill by request in the following manner:

23 (i) HOUSE OF REPRESENTATIVES.—In
24 the House of Representatives, by the ma-
25 jority leader and the minority leader not

1 later than 10 days after receipt of the leg-
2 islative proposal.

3 (ii) SENATE.—In the Senate, by the
4 majority leader and the minority leader not
5 later than 10 days after receipt of the leg-
6 islative proposal.

7 (B) ALTERNATIVE BY ADMINISTRATION.—
8 The President may submit a legislative proposal
9 based on the recommendations of the Commis-
10 sion and such legislative proposal may be intro-
11 duced in the manner described in subparagraph
12 (A).

13 (2) COMMITTEE CONSIDERATION.—

14 (A) IN GENERAL.—Any legislative proposal
15 submitted pursuant to subparagraph (A) or (B)
16 of paragraph (1) (in this subsection referred to
17 as “implementing legislation”) shall be referred
18 to the appropriate committees of the House of
19 Representatives and the Senate.

20 (B) COMMITTEE REPORTING.—If, not later
21 than 150 days after the date on which the im-
22 plementing legislation is referred to a com-
23 mittee under subparagraph (A), the committee
24 has reported the implementing legislation or
25 has reported an original bill whose subject is re-

1 lated to universal health benefits coverage of
2 children, or to providing access to affordable
3 health care coverage for all children, the regular
4 rules of the applicable House of Congress shall
5 apply to such legislation.

6 (C) DISCHARGE FROM COMMITTEES.—

7 (i) SENATE.—

8 (I) IN GENERAL.—If the imple-
9 menting legislation or an original bill
10 described in paragraph (1) has not
11 been reported by a committee of the
12 Senate within 180 days after the date
13 on which such legislation was referred
14 to committee under subparagraph (A),
15 it shall be in order for any Senator to
16 move to discharge the committee from
17 further consideration of such imple-
18 menting legislation.

19 (II) SEQUENTIAL REFERRALS.—

20 Should a sequential referral of the im-
21 plementing legislation be made, the
22 additional committee has 30 days for
23 consideration of implementing legisla-
24 tion before the discharge motion de-

1 scribed in subclause (I) would be in
2 order.

3 (III) PROCEDURE.—The motion
4 described in subclause (I) shall not be
5 in order after the implementing legis-
6 lation has been placed on the cal-
7 endar. While the motion described in
8 subclause (I) is pending, no other mo-
9 tions related to the motion described
10 in subclause (I) shall be in order. De-
11 bate on a motion to discharge shall be
12 limited to not more than 10 hours,
13 equally divided and controlled by the
14 majority leader and the minority lead-
15 er, or their designees. An amendment
16 to the motion shall not be in order,
17 nor shall it be in order to move to re-
18 consider the vote by which the motion
19 is agreed or disagreed to.

20 (IV) EXCEPTION.—If imple-
21 menting language is submitted on a
22 date later than May 1 of the second
23 session of a Congress, the committee
24 shall have 90 days to consider the im-
25 plementing legislation before a motion

1 to discharge under this clause would
2 be in order.

3 (ii) HOUSE OF REPRESENTATIVES.—

4 If the implementing legislation or an origi-
5 nal bill described in paragraph (1) has not
6 been reported out of a committee of the
7 House of Representatives within 180 days
8 after the date on which such legislation
9 was referred to committee under subpara-
10 graph (A), then on any day on which the
11 call of the calendar for motions to dis-
12 charge committees is in order, any member
13 of the House of Representatives may move
14 that the committee be discharged from
15 consideration of the implementing legisla-
16 tion, and this motion shall be considered
17 under the same terms and conditions, and
18 if adopted the House of Representatives
19 shall follow the procedure described in sub-
20 paragraph (4)(A).

21 (3) FLOOR CONSIDERATION.—

22 (A) MOTION TO PROCEED.—If a motion to
23 discharge made pursuant to paragraph
24 (3)(B)(ii)(I) or (3)(B)(ii)(II) is adopted, then,
25 not earlier than 5 legislative days after the date

1 on which the motion to discharge is adopted, a
2 motion may be made to proceed to the bill.

3 (B) FAILURE OF MOTION.—If the motion
4 to discharge made pursuant to either such
5 paragraph fails, such motion may be made not
6 more than 2 additional times, but in no case
7 more frequently than within 30 days of the pre-
8 vious motion. Debate on each of such motions
9 shall be limited to 5 hours, equally divided.

10 (C) APPLICABLE RULES.—Once the Senate
11 is debating the implementing legislation the
12 regular rules of the Senate shall apply.



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